Name In Full John Baker

Certificate of Death

Died at Town Union Bridge County Carroll MARYLAND

Date 189 9 Month 1 Dey 8 | Age Y. 64 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Single~~ Married | Widow Widower | Divorced | Number of children living 7

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll News 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Methodist Episcopal Church.
Rev. Chas. Reed, Balto.
Mountain View Cemetery
T. J. Shimer. Undertaker.

Name in Full Mary C. Baker.

Certificate of Death

Died at Town Union Bridge County Carroll Co. Md - MARYLAND

Date 1899 Month January Day 8 | Age Y. 63. M. 4. D. | Native of Montgomery Co. Md. | Occupation [illegible]

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Seven.

~~Husband~~ Wife of John. Baker

Father's Name Freeborn. Garrison Miles

Mother's Name Mary A Thompson

Cause of Death

Primary Catarrhal Gastritis involving liver

Immediate General Prostration 81

How long sick 8. days -

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by James Watt. M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

James Watson Barr

Died at Town: Riney Creek P.O. County: Carroll MARYLAND

Date 189 9 Month: Jan Day: 27 | Aga Y. 81 M. D. | Native of Ra. | Occupation Farmer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 2

Husband / Wife of

Father's Name | Mothar's Name

Cause of Daath: Primary Grip G | How long sick 10 days

Immediate heart-failure | Accident, Suicide, Homicide

Reported by C Birmi MD

Address Taney town

Must ba signed by physician, if any in attandance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Ellsworth John Henry Beachtell

Died at Town: Myers District | County: Carroll | MARYLAND

Date 1899 | Month: Jan. | Day: 27 | Age: Y. 11 M. 8 D. 16 | Native of: Carroll Co | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Daniel F Beachtell | Mother's Name: Susanna P Beachtell

Cause of Death: Primary: Acute Meningitis | How long sick

Immediate: " " 39a | ~~Accident, Suicide, Homicide~~

Reported by: Dr Joseph J Stewart

Address: Union Mills Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full | Certificate of Death

Robt. H. Beale

Died at Town: Oakland | County: Carroll | MARYLAND

Date 189 9 — Month 1 — Day 8 | Age Y. 1 M. — D. 25 | Native of Md — | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of — Infant

Father's Name: Geo. Beale | Mother's Name: Ursula Beale

Cause of Death: Primary: Cleanse (Blue baby) | How long sick

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by: Jno E Bolle 137

Address: Harrisonville Bulto Co. Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full John Wesley Berry

Certificate of Death

Died at Town Lowell County Carroll MARYLAND

Date 189 Month Jan Day 25 Age Y. 54 M. D. Native of Virginia Occupation day labor

Male White Married Widow ~~Divorced~~

Female Colored Single Widower Number of children living 6

Husband ~~Wife~~ of Martha Berry

Father's Name Thomas Berry Mother's Name Sophia Berry

Cause of Death Primary Grippe 9 How long sick 10 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by A. T. Crank

Address Winfield Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Henrietta Birney

Certificate of Death

Died at Town Taneytown County Carroll MARYLAND

Date 189 9 Month 12 Day 16 | Age Y. 68 M. D. | Native of | Occupation

~~Male~~ Female | White • Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Record 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Hannah Bowers

Died at Town: Copperville County: Carroll MARYLAND

Date 1899 Month: Jan Day: 20th Age Y. 83 M. D. Native of: Md Occupation: housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ Wife of Ephraim Bowers

Father's Name | Mother's Name

Cause of Death: Primary senile debility | How long sick

Immediate | Accident, Suicide, Homicide

141

Reported by C. Bivine MD

Address Taney town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mary Ann Bowers.

Died at ~~Town~~ — County Carroll MARYLAND

Date 1899 Month 1 Day 16 Age Y. 70 M. 10 D. — Native of Occupation Retired

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of Stephen Bowers.

Father's Name John Fox Mother's Name Margaret Ream

Cause of Death: Primary Paralysis 44 How long sick 1 yr. 8 mo.

Immediate Heart failure ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by James Watt M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full David K. Brown V

Certificate of Death

Died at Town Century Valley County Carroll MARYLAND

Date 189 9 Month 1 Day 1 | Age Y. 78 (?) M. D. | Native of | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Cancer 25 g — How long sick

Immediate

Accident, Sulcide, Homicide

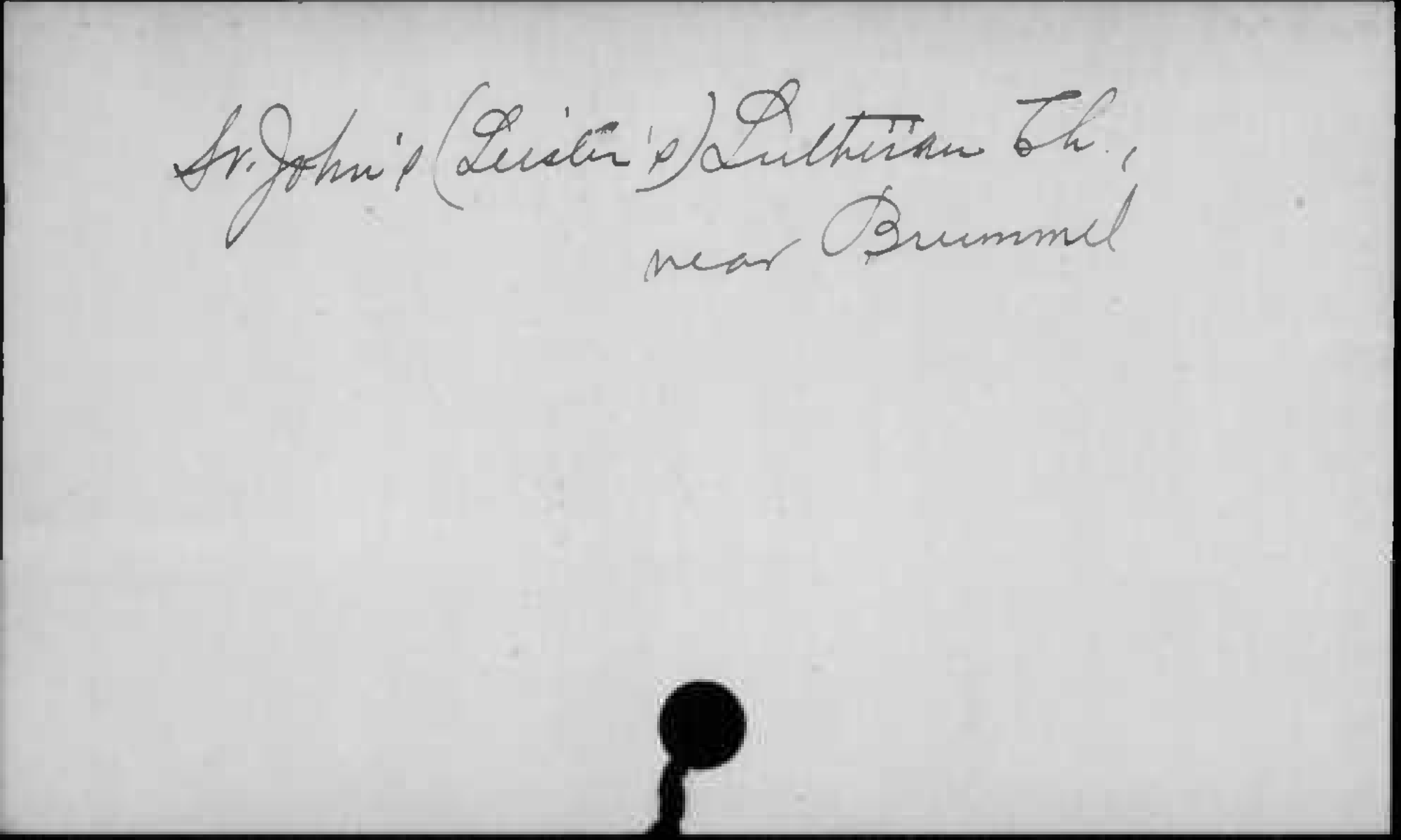
Reported by American Sentinel Westminster

Address 2-4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Sv. John's (Leister's) Lutheran Ch.,
near Brummel



Name In Full — Certificate of Death

Harry J. Brown

Died at — Town: Winfield — County: Carroll — MARYLAND

Date 1899 — Month: 1 — Day: 8 — Age: Y. 2 M. 8 D. — Native of: — Occupation:

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Geo. Brown — Mother's Name: 42

Cause of Death — Primary: Rupture of blood vessel in the Head — How long sick

Immediate: Paralysis of throat — Accident, Suicide, Homicide

Reported by: American Sentinel 1-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Elder S. B. Craft.
Rev. Jesse Shreeve.
" B. H. Kindley of M. P. Church

Name In Full Richard Brown

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 189 9 Month 6 Day 26 | Age Y. M. D. | Native of | Occupation Coroner Hall Albin

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel Westminster

Address 1-28

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Ann Caple

Died at Town East View County Carroll MARYLAND

Date 1899 Month Jan Day 6 Age Y. 75 M. – D. – Native of C. C. Occupation Farmer

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife ~~of~~ Wm Ying Ling. Dec. d

Father's Name Jacob Caple Mother's Name

Cause of Death Primary Pneumonia How long sick 10 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by Dr S. N. Gorsuch

Address Gamber

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Basil T. Chaney

Died at Town: Morgans County: Carroll Co MARYLAND

Date 189 Month: Jany Day: 20 | Age Y.: 57 M.: June D.: 16 | Native of: Frk Co Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Margaret Chaney

Father's Name: Elijah Chaney | Mother's Name: Corella Chaney

Cause of Death — Primary: Grippe & Pneumonia | How long sick: 9 Days

Immediate: Failure of the Nervous System ~~Accident, Suicide, Homicide~~

Reported by: Daniel B Sprecher

Address: Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

JAS. R. WEER,
Undertaker
& Embalmer
ESVILLE, M

Name in Full

Henry Leroy Crowl

Certificate of Death

Town: Mt. Pleasant County: Carroll MARYLAND

Died at

Month	Day		Y.	M.	D.	Native of	Occupation
Jan.	13	Age	0	0	26		

Date 1899

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: John W. Crowl

Mother's Name: Francis E. Flickinger

Cause of Death — Primary: Broncho-Pneumonia — How long sick: 6 days

Immediate: Convulsions 7 1

~~Accident~~, Suicide, ~~Homicide~~

Reported by: Chas. R. Fouts, M.D.

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth A Devilbris

Died at Town: New Windsor County: Carroll MARYLAND

Date 189 9 Month: 1st Day: 2nd | Age Y. 67 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widowed~~ ~~Widower~~ ~~Divorced~~

Number of children living None

~~Husband~~ Wife ~~of~~ Charles Devilbris

Father's Name

Mother's Name

Cause of Death | ~~Disease~~ 25 e | ~~Immediate~~ Cancer of Breast

How long sick 5 or 6 years

~~Accident, Suicide, Homicide~~

Reported by Thos Bair, Undertaker

Address New Windsor Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Seen by Coroner.....

of.....

Attended by Dr. None in attendance

of Dr Brown did attend

Some time ago

Information contained in this certificate received from Charles Baile Undertaker

of New Windsor Md

Name in Full | Certificate of Death

Julia Doud

Died at Town: Sykesville County: Carroll MARYLAND

Date 1899 Month: 1 Day: 2 | Age Y. 42 M. D. | Native of U.S | Occupation Housekeeping

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name 22 E

OVER

Cause of Death: Primary Tuberculus Enteretis | How long sick Two years

Immediate Heart Failure & Genl. Exhaustion | Accident, Suicide, Homicide

Reported by W. Frank Lucas M.D

OVER

Address Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Elizabeth Engel

Died at Town: Westminster County: Carroll MARYLAND

Date 1897 Month: 1 Day: 4

Age Y.: 65 M.: 7 D.: 8

Native of: Germany

Occupation: Housewife

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living: 5

~~Husband~~ / Wife of John D. Engel

Father's Name: Emanuel Smith

Mother's Name: Kate Smith

Cause of Death — Primary: Dilated Heart 5 7

How long sick: 1 year

Immediate: ?

~~Accident~~, Suicide, ~~Homicide~~

Reported by: Jos. T. Fleming MD

Address: Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Hiram Few-

Certificate of Death: Dr. Diller

Died at: Town: York Road — County: Carroll — MARYLAND

Date 1899 — Month: Jany — Day: 12 — Age: Y. 63. M. 2. D. 10 — Native of: Md- — Occupation: Laborer

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living: 14

Husband / Wife of: Amanda Hahn

Father's Name: James Cornelius Few — Mother's Name: Elizabeth Freeman

Cause of Death — Primary: Cirrhosis of Liver & Heart disease — How long sick: 6 months

Immediate: Debility — 90 — ~~Accident, Suicide, Homicide~~

Reported by: D Chas H Diller

Address: D. P. Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William Fowler

Certificate of Death

Died ~~at~~ near Town: Westminster County: Carroll MARYLAND

Date 1899 Month Day: Jan - 5 Age Y. M. D.: 45 - 7 8 Native of: Carroll Occupation: Lab.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband / Wife of: Annie Hockersmith

Father's Name: Joseph Fowler Mother's Name: Sarah Noel

Cause of Death: Primary: Intussusception How long sick: 5 days

Immediate: Shock 86 ~~Accident, Suicide, Homicide~~

Reported by: Jno. S. Mathias

Address: Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Clarance Frock

Certificate of Death: Dr. Diller

Died at (Town): Keyville (County): Carroll MARYLAND

Date 1899 (Month / Day): Jany 29

Age (Y. / M. / D.): 18, 10, 10

Native of: Md.

Occupation: Laborer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced

Number of children living: 72

Husband / Wife of: —

Father's Name: Isaiah Frock

Mother's Name: Sarah Whitmore

Cause of Death:
- Primary: Pneumonia (Double)
- Immediate: Heart failure

How long sick: 14 days

Accident, Suicide, Homicide

Reported by: Dr. Chas. H. Diller

Address: Double Pi[illegible]pe Creek

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Jonathan Galle

Died at — Town: Fryeelburg — County: Carroll — MARYLAND

Date 1899 — Month: Jan. — Day: 1st — Age: Y. 87 M. 2 D. 20 — Native of: Carroll Co. — Occupation: Wheelwright

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widowed~~ ~~Divorced~~ — ~~Widower~~

Number of children living 2

Husband ~~Wife~~ of Sarah Galle

Father's Name: Peter Galle

Mother's Name: Catherine (Bowser) Galle

Cause of Death — Primary: old age — How long sick: 3 days

Immediate: La Grippe

~~Accident, Suicide, Homicide~~

Reported by: Jacob Reinhart M.D.

Address: Fryeelburg Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full Sarah Galle — Certificate of Death

Died at Town: Frizelburg — County: Carroll — MARYLAND

Date 1899 Month: Jan. Day: 1 — Age Y. 80 M. 1 D. 19 — Native of Carroll — Occupation Housekeeper

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ Wife of Jonatha Galle

Father's Name Michael Garver — Mother's Name Hettie Martin Garver

Cause of Death: Primary General Debility — How long sick 2

Immediate Grippe — ~~Accident, Suicide, Homicide~~

Reported by Jacob Runkard M.D.

Address Frizelburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6508

Name in Full

Certificate of Death

Levin Amos Gosnell

Town: Sams Creek

County: Carroll

Died at Sams Creek Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Jan	17	73	6	2	Ind	Laborer

Date 1899 Jan 17 Age 73. 6. 2 Native of Ind Occupation Laborer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living 2

Husband / Wife of Ann Elizabeth Gasser

Father's Name Aaron Gosnell

Mother's Name Margaret Crammer

Cause of Death — Primary: Bright's Dis 9 7

How long sick: 8 months

Immediate

Accident, Suicide, Homicide

Reported by Perry G. Franklin M.D.

Address Manchester P. O. Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Chas H. Hemmeman

Died at Town: Westminster County: Carroll — MARYLAND

Date 1899 Month: Jan Day: 16 | Age Y.: 75 M.: 6 D.: 16 | Native of: Carroll Co | Occupation: Tailor

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband ~~Wife~~ of Miriam Everhart

Father's Name: Gabriel Hemmeman

Mother's Name: Sarah Null

Cause of Death — Primary: Consumption — How long sick: about 10 days

Immediate: Grip — 229

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Chas R. Long, M. D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Penlope Hilderbridle

Died at — Town: Near Pleasant valley — County: Carroll — MARYLAND

Date 1899 — Month: Jan — Day: 10th — Age: Y. 68 M. 7 D. 20 — Native of: Carroll Co Md — Occupation: House wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living four

~~Husband~~ Wife of Uriah Hilderbridle

Father's Name: Not known — Mother's Name: M. Stricklin

Cause of Death — Primary: Chronic Gastritis 81 — How long sick: One Year

Immediate: Shock following Fractured Femur — Accident, ~~Suicide, Homicide~~

Reported by: Dr Joseph J Stewart

Address: Union Mills Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Daniel Lee Holland

Died at Town: Mt Airy | County: Carroll | MARYLAND

Date 1899 | Month: Jan | Day: 4 | Age Y. M. D.: 6 29 | Native of: Md | Occupation:

Male | ~~White~~ | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Not given | Mother's Name: Mary E. Holland

Cause of Death: Primary: Did not see him until after death | How long sick: 3 hours

Immediate: Convulsion 48 | ~~Accident, Suicide, Homicide~~

Reported by: A. T. Crank M.D

Address: Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Milton Hunter

Town

Died ~~at~~ near Cranberry Station County Carroll MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 1 3 Age 16

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Joseph Hunter

Mother's Name 152a

How long sick

Cause of Death { Primary Injuries from falling against

Immediate apple (abdomen) }

Accident, Suicide, Homicide

Reported by American Sentinel 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 83068

Dr. M. L. Bott.

Benjamin's Cemetery. near Westminster

Name in Full Sarah Ann Janney

Certificate of Death

Died at Town Union Bridge County Carroll MARYLAND

Date 1899 Month Jan Day 26 Age Y. 78 M. 2 D. 0 Native of Virginia Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Solomon Shepherd

Father's Name Elijah Jenney Mother's Name Lidia S Janney.

Cause of Death Primary 44 How long sick 5 month.

Immediate Senile paralysis. Accident, Suicide, Homicide

Reported by G. R. Markel Mdl.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Rebecca Keefer — Certificate of Death

Died at — Town: Baile P O — County: Carroll — MARYLAND

Date 189 — Month: Jun — Day: 6 — Age: Y. ~~M.~~ ~~D.~~ about 45 — Native of: Maryland — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living: 2

~~Husband of~~ Wife: John Keefer

Father's Name: Don't Know — Mother's Name:

Cause of Death — Primary: Heart Disease 57 — How long sick: don't Know

Immediate — ~~Accident, Suicide, Homicide~~

Reported by: C P Baile

Address: New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Seen by Coroner _____

of _____

Attended by Dr. G. H. Brun

of New Windsor Md

Information contained in this certificate received from Family

of _____

Name in Full

Certificate of Death

Goldie May Kelbaugh

Died at Town Carrollton, County Carroll, MARYLAND

Date 1899. Month Jan. Day 25th | Age Y. 6 M. 3 D. 4 | Nativa of Maryland | ~~Occupation~~

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Singla ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Samuel Kelbaugh, Mother's Name Mary Blizzard,

Cause of Death { Primary Influenza 9 How long sick 30 hours.

Immediate Intra cranial haemorrhage ~~Accident, Suicide, Homicide~~

Reported by Harry Fessler Baer, M.D.,

Address Tannery, Carroll County, Maryland.

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name In Full — Markel

Certificate of Death

Died at Town near Manchester County Carroll MARYLAND

Date 1899 Month 1 Day 30 Age Y. M. D. Infant Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by American Sentinel Westminster

Address 2-4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. L. M. Roeder,
Reformed Church
Manchester, Md.

Name in Full Thos. R. Marsh

Certificate of Death

Died at Town Hunghts County Carroll MARYLAND

Date 1899 Month 1 Day 11 Age Y. 52 M. 1 D. 15 Native of Maryland Occupation Shoemaker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Emma J. Marsh

Father's Name Thos. Marsh Mother's Name

Cause of Death Primary Tuberculosis - 22a How long sick 7 yr.

Immediate Heart failure ~~Accident~~, Suicide, Homicide

Reported by Jno E Bolte Md.

Address Harrisonville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name In Full Elmira Mehring

Certificate of Death

Died at Town near Kump County Carroll MARYLAND

Date 1899 Month 1 Day 18 Age Y. 63 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Carroll Record 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John G. Melville

Certificate of Death

Died at Town Haights County Carroll MARYLAND

Date 1899 — Month 1 — Day 24 | Age Y. 71 — M. 4 — D. 0 | Native of Scotland. Occupation Manufactory

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Jane Moore Melville

Father's Name Jas. Melville Mother's Name Elizabeth Melville

Cause of Death: Primary Brights Disease 97 How long sick 5 yrs

Immediate Uraemia ~~Accident, Suicide, Homicide~~

Reported by Jno E Bolle M.D.

Address Harrisonville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Goldie Myers

Certificate of Death

Died ~~at~~ 12 Town Westminster County Carroll MARYLAND

Date 1894 Month 1 Day 17 Age Y. 9 M. 6 D. 4 Native of Carroll Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name L. Myers Mother's Name Rev. Whimiet

Cause of Death Primary Peritonitis 93 How long sick 5 days

Immediate Perforation ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Jno. S. Mathias

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Florence Missouri Nusbaum

Certificate of Death

Died ~~at~~ near Town Tyrone County Carroll MARYLAND

Date 1899 Month 1 Day 26 Age Y. 24 M. 11 D. 21 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jacob Nusbaum Mother's Name

Cause of Death Primary Pneumonia 72 How long sick

Immediate Accident, Suicide, Homicide

Reported by American Sentinel Westminster

Address ~~1-28~~ 2-4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full — Florence Orem — Certificate of Death

Died at Sykesville (Town) Carroll (County) MARYLAND

Date 1899 Month Dec Day Jan. 9th | Age Y. 1 M. 14 D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of

Father's Name [illegible] Orem

Mother's Name Florence Orem

Cause of Death — Primary: Pneumonia (Double) — How long sick 7 to 12 hrs

Immediate: 72

~~Accident, Suicide,~~ Homicide

Reported by Daniel B Stonecher M.D.

Address Sykesville Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

John Payne

Died at Town near Shiloh County Carroll MARYLAND

Date 1899 Month 1 Day 4 Age Y. 81 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Pneumonia 72

Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Sarah Ann Phillips

Town

Died at Gamber

County

Carroll

MARYLAND

Date 1899 Month Jan Day 7	Age Y. 66 M. - D. -	Native of Md	Occupation
~~Male~~ Female	White ~~Colored~~	Married ~~Single~~	~~Widow~~ Widower ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Elias Phillips

Father's Name

Mother's Name

Cause of Death: Primary — Consumption — How long sick 2 years

Immediate — Pneumonia

~~Accident, Suicide, Homicide~~

Reported by Dr. D. N. Gorsuch

Address Gamber

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76706

Name in Full

Certificate of Death

Annie Reindollar

Died at Town: Piney Creek P.O. County: Carroll MARYLAND

Date 189 Month: Jan Day: 7th | Age Y. 51 M. D. | Native of: Md | Occupation: housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband of Wife

Father's Name: Daniel H. Reindollar

Mother's Name: 42

Cause of Death — Primary: Apoplexy — How long sick: 3½ days

Immediate: Cerebral hemorrhage — Accident, Suicide, Homicide

Reported by: Dr Binnie M.D

Address: Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full Cyclvia Rubottom — Certificate of Death

Died at Town: Taylorsville County: Carroll — MARYLAND

Date 189 Month: 1 Day: 17 | Age Y. 19 M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female X | Colored X | Single | Widower | Number of children living

Husband of
Wife

Father's Name Samuel Rubottom — Mother's Name Lucid Rubottom

Cause of Death — Primary — How long sick

Immediate 161 — Accident, Suicide, Homicide

Reported by

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

~~Attended by Dr.~~ Chas S Corbett M. D.

of Winfield

Information contained in this certificate received from Parents

of

Name In Full

Certificate of Death

Sarah Lynn Shepherd

Died at Union Bridge (Town) Carroll (County) MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	26	Age 78				

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 1

~~Husband~~ Wife of Solomon Shepherd

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full — Certificate of Death

Sarah Catharine Stephens.

Died at — Town: Union Bridge — County: Carroll — MARYLAND

Date 1899 — Month: Jan. — Day: 6 — Age: Y. 58 M. D. — Native of: Liberty — Occupation: Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 7

~~Husband~~ Wife of John Stephens

Father's Name: William Whitman — Mother's Name: Mary Whitman

Cause of Death — Primary — Immediate: Hernia. 86 — How long sick — Accident, Suicide, Homicide

Reported by: G. R. Markel

Address: Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65968

Name in Full Rachael Hunter

Certificate of Death

Died at near Town Uniontown County Carroll MARYLAND

Date 1899 Month 1 Day 10 Age Y. 85 M. 7 D. — Native of Maryland Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of Joseph Hunter

Father's Name — Forman Mother's Name Don't Know

Cause of Death: Primary Epidemic Influenza — How long sick 2 weeks

Immediate Bronchonhoea 9 — Accident, Suicide, Homicide

Reported by L. Kemp M.D.

Address Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65768

Name in Full — Certificate of Death

Catharine Yingling

Died at Town: Silver Run — County: Carroll — MARYLAND

Date 1899 — Month: Jan — Day: 14 — Age: Y. 62 M. 11 D. 21 — Native of: Maryland — Occupation: Farm Life

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~

Number of children living 1

~~Husband~~ Wife of Levi Yingling

Father's Name: Charles Wibling — Mother's Name: Catharine Huber

Cause of Death — Primary: Cancer of Bowels — How long sick: 2 years

Immediate — Accident, Suicide, Homicide

250

Reported by Rev. W. H. Ehrhart

Address Silver Run, [redacted], Carroll Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

P. C.

Name in Full Raymond Young

Certificate of Death

Died at Union Bridge (Town) Carroll (County) MARYLAND

Date 1899 Month Jan. Day 9 | Age Y. 6 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Diphtheria 8a

Immediate Toxaemia

How long sick 7 days

Accident, Suicide, Homicide

Reported by M. M. Myers assisted by Dr. W. D. Brown

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Sarah Runkles

Died at New Windsor (Town) Carroll (County) MARYLAND

Date 189 9 Month 1 Day 19 | Age Y. 87 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Cause of Death: Immediate — Accident, Suicide, Homicide

Reported by Carroll Record 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898